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NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/649 478

Total Fee Calculation

Fee Code	Total # Claims	Number Extra X	Fee		Fee	=	Total
			Sm. Entity	Lg. Entity			
Basic Filing Fee	<u>201/101</u>						<u>600</u>
Total Claims >20	<u>203/103</u>	<u>1</u>	<u>-20 -</u>	<u>X</u>			
Independent Claims >3	<u>202/102</u>		<u>-3 -</u>	<u>X</u>			
Mult. Dep. Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						<u>130</u>
English Translation	<u>139</u>						

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 820

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 820

Office of Initial Patent Examination

Figure 7

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/649478

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
	Total	44	Minus	**	=	
Independent	4	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
	345.00		690.00
OR		OR	
X\$ 9=		X\$18=	
OR		OR	
X39=		X78=	
OR		OR	
+130=		+260=	
OR		OR	
TOTAL		TOTAL	

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X39=		X78=	
OR		OR	
+130=		+260=	
OR		OR	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	Minus	**	=	
Independent	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

RATE ADDITIONAL FEE RATE ADDITIONAL FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X39=		X78=	
OR		OR	
+130=		+260=	
OR		OR	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

BEST AVAILABLE COPY

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total	Minus	**	=	
Independent	Minus	***	=	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

RATE ADDITIONAL FEE RATE ADDITIONAL FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
OR		OR	
X39=		X78=	
OR		OR	
+130=		+260=	
OR		OR	
TOTAL ADDT. FEE		TOTAL ADDT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.